AF/2155

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Asplicant:

John Dung-Quang Ly

Docket No:

14013-0033

Serial No:

09/520,687

Group Art Unit:

2155

Filing Date:

March 7, 2000

Examiner:

Won, Young N

For:

"DIAGNOSTIC/REMOTE MONITORING BY EMAIL"

Mail Stop Fee Amendment Commissioner for Patents

MAY 1 8 2004

RECEIVED

P.O. Box 1450

Alexandria, VA 22313-1450

Technology Center 2100

AMENDMENT TRANSMITTAL

				STATUS .						
X	Applio	cant is	a small entity attached. already filed. other than a si	verified statement:						
				EXTENSION OF TIME						
	Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:									
	Extension (months) one month two months three months four months five months		ns) onth onths nonths onths	Fee for other than small entity \$ 110.00 \$ 400.00 \$ 920.00 \$1,440.00 \$1,960.00	Fee for small entity \$ 55.00 \$190.00 \$435.00 \$680.00 \$925.00					
	If an a	An ext	tension for	time is required please consider months has already been sec m the total fee due for the total	ured and the fee paid therefor of					

CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited on December 30, 2003, with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patens, P.O. Box 1450, Alexandria, VA 22313-1450.

Date December 30, 2003

requested.

Frika Villatana

Extension fee due with this request \$0.00

X

Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee		Rate	Addit. Fee
Total	32	Minus *20*	5	=	0	x9=	\$		x18=	\$18.00
Indep.	3	Minus *3*	0	=	0	x39=	\$		X84=	\$0
☐ FIRS	Γ PRESENTATI	ON OF MULTI	PLE DEP. CL	AIM	4	+130=	\$		x260=	\$
						TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$

× □	No additional fee for claims required. Total additional fee for claims required \$0.00					
	FEE PAYMENT					
	Attached is check # in the amount of \$ 0					
	FEE DEFICIENCY					
X	The Commissioner is further authorized to charge any required additional fees, or credit any overpayment to deposit account no. <u>501638</u> .					
X	Attached are the following: a postcard for date-stamped return as confirmation of receipt of these materials;					
Date:	May 11, 2004 Maryam Imam Reg. No. 38,190					

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